

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (*if known*) _____

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (*if known*). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Patricia

First name

A.

Middle name

Oppel

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-4116

Debtor 1 Patricia A. Oppel

Case number (if known)

About Debtor 1:**4. Your Employer Identification Number (EIN), if any.**

EIN

About Debtor 2 (Spouse Only in a Joint Case):

EIN

5. Where you live**195 Pheasant Drive
Bayville, NJ 08721**

Number, Street, City, State & ZIP Code

Ocean

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Patricia A. Oppel

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years? No. Yes.

District _____ When _____ Case number _____
District _____ When _____ Case number _____
District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? No Yes.

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____

11. Do you rent your residence? No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Patricia A. Oppel**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11. Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Patricia A. Oppel

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Patricia A. Oppel**

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

| | | | |
|---|---|--|--|
| 16. What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | |
| | <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17. | | |
| 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17. | | |
| 16c. State the type of debts you owe that are not consumer debts or business debts | | | |
| <hr/> | | | |
| 17. Are you filing under Chapter 7? | <input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? <input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 18. How many Creditors do you estimate that you owe? | <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 | <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000 |
| 19. How much do you estimate your assets to be worth? | <input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion |
| 20. How much do you estimate your liabilities to be? | <input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Patricia A. Oppel**Patricia A. Oppel**
Signature of Debtor 1

Signature of Debtor 2

Executed on February 16, 2024
MM / DD / YYYYExecuted on _____
MM / DD / YYYY

Debtor 1 Patricia A. Oppel

Case number (if known)

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

If you are not represented by an attorney, you do not need to file this page.

/s/ R. Cameron Legg

Signature of Attorney for Debtor

Date

February 16, 2024

MM / DD / YYYY

R. Cameron Legg

Printed name

Oliver & Legg, LLC

Firm name

2240 Highway 33

Suite 112

Neptune, NJ 07753

Number, Street, City, State & ZIP Code

Contact phone

732-988-1500

Email address

courtdocs@oliverandlegg.com

233282019 NJ

Bar number & State

Fill in this information to identify your case:

| | | | |
|---|--------------------------|-------------|-----------|
| Debtor 1 | Patricia A. Oppel | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>DISTRICT OF NEW JERSEY</u> | | | |
| Case number (if known) _____ | | | |

Check if this is an amended filing

Official Form 106D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A | Column B | Column C |
|---|--|---|
| Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| \$360.84 | \$382,800.00 | \$0.00 |
| 2.1 Berkeley Township Creditor's Name PO Box B 627 Pinewald-Keswick Road Bayville, NJ 08721 Number, Street, City, State & Zip Code | Describe the property that secures the claim: 195 Pheasant Drive Bayville, NJ 08721 Ocean County FMV: \$440,000.00 COS: \$57,200.00 | As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Sewer |

Date debt was incurred _____ Last 4 digits of account number **4500**

Debtor 1 **Patricia A. Oppel**

First Name

Middle Name

Last Name

Case number (if known)

2.2 Midland Mortgage

Creditor's Name

**PO Box 248921
Oklahoma City, OK
73124-8921**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**195 Pheasant Drive Bayville, NJ
08721 Ocean County
FMV: \$440,000.00
COS: \$57,200.00**

\$376,232.78

\$382,800.00

\$0.00

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) **First Mortgage**

Date debt was incurred

Last 4 digits of account number

0123

2.3 Santander Consumer USA, Inc

Creditor's Name

**Attn: Bankruptcy
Po Box 961245
Fort Worth, TX 76161**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

Describe the property that secures the claim:

2013 Ford C-Max 110,000 miles

\$2,156.00

\$3,026.00

\$0.00

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset)

**Opened
04/18 Last
Active**

Date debt was incurred

12/27/23

Last 4 digits of account number

1000

Add the dollar value of your entries in Column A on this page. Write that number here:

\$378,749.62

If this is the last page of your form, add the dollar value totals from all pages.

\$378,749.62

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

[]

Name, Number, Street, City, State & Zip Code
**Midland Mortgage
PO Box 26648
Oklahoma City, OK 73126-0648**

On which line in Part 1 did you enter the creditor? **2.2**

Last 4 digits of account number **0123**

Debtor 1 **Patricia A. Oppel**

First Name

Middle Name

Last Name

Case number (if known)

[] Name, Number, Street, City, State & Zip Code
Midland Mortgage
c/o KML Law Group, PC
701 Market Street, Suite 5000
Philadelphia, PA 19106

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number 0123

[] Name, Number, Street, City, State & Zip Code
Santander Consumer USA, Inc
Po Box 961211
Fort Worth, TX 76161

On which line in Part 1 did you enter the creditor? 2.3

Last 4 digits of account number ____

Fill in this information to identify your case:

| | | | |
|---|--------------------------|-------------|-----------|
| Debtor 1 | Patricia A. Oppel | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>DISTRICT OF NEW JERSEY</u> | | | |
| Case number (if known) _____ | | | |

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | Total claim | Priority amount | Nonpriority amount |
|--|--|-----------------|--------------------|
| 2.1 Internal Service Revenue | Last 4 digits of account number | Unknown | Unknown |
| Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 | When was the debt incurred? | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Contingent | | |
| <input checked="" type="checkbox"/> Debtor 1 only | <input type="checkbox"/> Unliquidated | | |
| <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Disputed | | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | |
| <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Domestic support obligations | | |
| <input type="checkbox"/> Check if this claim is for a community debt | <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government | | |
| Is the claim subject to offset? | <input type="checkbox"/> Claims for death or personal injury while you were intoxicated | | |
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Other. Specify _____ | | |
| <input type="checkbox"/> Yes | | | |

Debtor 1 **Patricia A. Oppel**

Case number (if known)

| | | | | |
|---|---------------------------------------|----------------|----------------|----------------|
| 2.2 State of New Jersey Priority Creditor's Name Division of Taxation PO Box 245 Trenton, NJ 08601 <small>Number Street City State Zip Code</small> | Last 4 digits of account number _____ | Unknown | Unknown | Unknown |
| When was the debt incurred? _____ | | | | |
| As of the date you file, the claim is: Check all that apply | | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | | |
| Type of PRIORITY unsecured claim: | | | | |
| <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| 4.1 Credit Collection Services | Total claim |
|---|---------------------------------------|
| Nonpriority Creditor's Name Attn: Bankruptcy 725 Canton St Norwood, MA 02062 <small>Number Street City State Zip Code</small> | \$98.00 |
| Last 4 digits of account number | 4723 |
| When was the debt incurred? | Opened 10/23 Last Active 09/23 |
| As of the date you file, the claim is: Check all that apply | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Progressive | |
| Is the claim subject to offset? | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Debtor 1 **Patricia A. Oppel**

Case number (if known)

| | | | |
|-----|--|--|----------|
| 4.2 | Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy Department 6801 Cimarron Rd Las Vegas, NV 89113 | Last 4 digits of account number 0904 | \$169.00 |
| | | When was the debt incurred? Opened 11/23 Last Active 1/03/24 | |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| | <input checked="" type="checkbox"/> Other. Specify Credit Card | | |
| 4.3 | First Premier Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 | Last 4 digits of account number 9751 | \$699.00 |
| | | When was the debt incurred? Opened 01/23 Last Active 1/29/24 | |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| | <input checked="" type="checkbox"/> Other. Specify Credit Card | | |
| 4.4 | Kikoff Lending Llc Nonpriority Creditor's Name Attn: Bankruptcy 75 Broadway Suite 226 San Francisco, CA 94111 | Last 4 digits of account number 55BM | \$20.00 |
| | | When was the debt incurred? Opened 08/21 Last Active 11/21 | |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| | <input checked="" type="checkbox"/> Other. Specify Charge Account | | |

Debtor 1 **Patricia A. Oppel**

Case number (if known)

4.5

| | | |
|--|---|------------|
| New Century Financial Services, Inc. Nonpriority Creditor's Name 110 S Jefferson Road Suite 104 Whippany, NJ 07981 | Last 4 digits of account number 5607 | \$1,280.71 |
| When was the debt incurred? | | |
| As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| Type of NONPRIORITY unsecured claim: | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| <input checked="" type="checkbox"/> Other. Specify _____ | | |
| Who incurred the debt? Check one. | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | |
| <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

4.6

| | | |
|--|---------------------------------|----------|
| NJ EzPass Nonpriority Creditor's Name PO Box 4971 Trenton, NJ 08650 | Last 4 digits of account number | \$461.25 |
| When was the debt incurred? | | |
| As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| Type of NONPRIORITY unsecured claim: | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| <input checked="" type="checkbox"/> Other. Specify _____ | | |
| Who incurred the debt? Check one. | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | |
| <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| | | |
|---|---|--|
| Name and Address Credit Collection Services Po Box 607 Norwood, MA 02062 | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.1</u> of (Check one): | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number | | |
| Name and Address Credit One Bank Po Box 98872 Las Vegas, NV 89193 | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.2</u> of (Check one): | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number | | |
| Name and Address First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107 | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.3</u> of (Check one): | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number | | |
| Name and Address Kikoff Lending Llc 75 Broadway San Francisco, CA 94111 | On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.4</u> of (Check one): | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number | | |

Debtor 1 **Patricia A. Oppel**

Case number (if known) _____

Name and Address
**New Century Financial Services,
Inc.**
c/o Pressler, Felt & Warshaw, LLP
7 Entin Road
Parsippany, NJ 07054

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5607

Name and Address
NJ EzPass
c/o Credit Collection Services
725 Canton Street
Norwood, MA 02062

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | Total Claim |
|--|---|------------------------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. \$ 0.00 |
| | 6b. Taxes and certain other debts you owe the government | 6b. \$ 0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. \$ 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. \$ 0.00 |
| 6e. Total Priority. Add lines 6a through 6d. | 6e. \$ 0.00 | |
| Total claims from Part 2 | 6f. Student loans | 6f. \$ 0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. \$ 0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. \$ 2,727.96 |
| | 6j. Total Nonpriority. Add lines 6f through 6i. | 6j. \$ 2,727.96 |

Fill in this information to identify your case:

| | | | |
|---|--------------------------|-------------|-----------|
| Debtor 1 | Patricia A. Oppel | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | DISTRICT OF NEW JERSEY | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Patricia A. Oppel

Patricia A. Oppel
Signature of Debtor 1

Date February 16, 2024

X

Signature of Debtor 2

Date

**United States Bankruptcy Court
District of New Jersey**

In re Patricia A. Oppel

Debtor(s)

Case No.

Chapter 13

VERIFICATION OF CREDITOR MATRIX

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: February 16, 2024

/s/ Patricia A. Oppel

Patricia A. Oppel

Signature of Debtor

Berkeley Township
PO Box B
627 Pinewald-Keswick Road
Bayville, NJ 08721

Credit Collection Services
Attn: Bankruptcy
725 Canton St
Norwood, MA 02062

Credit Collection Services
Po Box 607
Norwood, MA 02062

Credit One Bank
Attn: Bankruptcy Department
6801 Cimarron Rd
Las Vegas, NV 89113

Credit One Bank
Po Box 98872
Las Vegas, NV 89193

First Premier Bank
Attn: Bankruptcy
Po Box 5524
Sioux Falls, SD 57117

First Premier Bank
3820 N Louise Ave
Sioux Falls, SD 57107

Internal Service Revenue
PO Box 7346
Philadelphia, PA 19101-7346

Kikoff Lending Llc
Attn: Bankruptcy
75 Broadway Suite 226
San Francisco, CA 94111

Kikoff Lending Llc
75 Broadway
San Francisco, CA 94111

Midland Mortgage
PO Box 248921
Oklahoma City, OK 73124-8921

Midland Mortgage
PO Box 26648
Oklahoma City, OK 73126-0648

Midland Mortgage
c/o KML Law Group, PC
701 Market Street, Suite 5000
Philadelphia, PA 19106

New Century Financial Services, Inc.
110 S Jefferson Road
Suite 104
Whippany, NJ 07981

New Century Financial Services, Inc.
c/o Pressler, Felt & Warshaw, LLP
7 Entin Road
Parsippany, NJ 07054

NJ EzPass
PO Box 4971
Trenton, NJ 08650

NJ EzPass
c/o Credit Collection Services
725 Canton Street
Norwood, MA 02062

Santander Consumer USA, Inc
Attn: Bankruptcy
Po Box 961245
Fort Worth, TX 76161

Santander Consumer USA, Inc
Po Box 961211
Fort Worth, TX 76161

State of New Jersey
Division of Taxation
PO Box 245
Trenton, NJ 08601